

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 / 551126

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
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42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	7		↓		↓	↓
TOTAL DEP.	43	↔		↔	↔	
TOTAL CLAIMS	50					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔	↔	↔
TOTAL CLAIMS						